

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$)**1,085**

<b>Complete if Known</b>	
Application Number	10/749,096
Filing Date	December 30, 2003
First Named Inventor	Rafael Reif
Examiner Name	Douglas W. Owens
Art Unit	2811
Attorney Docket No.	MIT-136DUS

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: **50-0845** Deposit Account Name: Daly, Crowley, Mofford & Durkee, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		<b>Fees Paid (\$)</b>
	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

<b>Fee Description</b>	<b>Small Entity</b>
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50 25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200 100
Multiple dependent claims	360 180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 20 or HP =	<b>0</b>	x	<b>0</b>

HP = highest number of total claims paid for, if greater than 20

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 3 or HP =	<b>0</b>	x	<b>0</b>

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 100 =	<b>0</b>	/ 50 = <b>0</b> (round up to a whole number)	x <b>0</b> = <b>0</b>	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Calculation of Deficiency Owed

**Fees Paid (\$)****0****1085****SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	37,303	Telephone 781.401.9988 ext. 11
Name (Print/Type)	Christopher S. Daly	Date	28 JUL 00	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appl. No. : 10/749,096 Confirmation No.: 3177  
Applicant : Rafael Reif, et al.  
Filed : December 30, 2003  
T.C./A.U. : 2811  
Examiner : Douglas W. Owens

Docket No. : MIT-136DUS  
Customer No. : 022494

**LETTER UNDER 37 C.F.R. §1.28(c)**

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The above-identified patent application was filed on December 30, 2003. Status as a small entity was established in good faith. It was later discovered that such status as a small entity was established in error. In accordance with the provisions of 37 C.F.R. §1.28(c), Applicants respectfully request that the error be excused. A calculation of the deficiency owed and an itemization of the total deficiency payment in accordance with 37 C.F.R. §§1.28(c)(2)(i) and (ii) is provided hereinbelow:

Action Taken	Date	Fee Paid	Correct Fee	Difference
Response to File Missing Parts to Application	3-21-04	\$385.00	\$790.00	\$385.00
Issue Fee	4-24-06	\$1,000.00	\$1,700	\$700.00

**TOTAL DEFICIENCY OWED: \$1,085.00**

The total deficiency owed is \$1,085.00. Please charge such amount to our deposit account number 50-0845.

In the event any additional fees are required or in the event of a surplus paid, kindly charge or credit such amount, as appropriate, to our deposit account number 50-0845

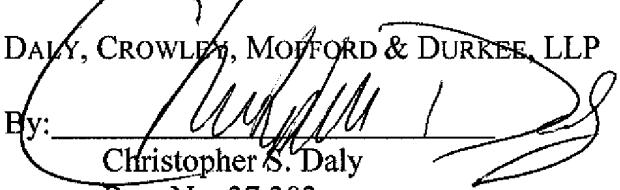
Please do not hesitate to contact the below signing attorney if there are any questions regarding this submission or this application.

Dated: 28 JUL 06

Respectfully submitted,

DALY, CROWLEY, MOFFORD & DURKEE, LLP

By:

  
Christopher S. Daly

Reg. No. 37,303

Attorney for Applicant(s)

354A Turnpike Street - Suite 301A

Canton, MA 02021-2714

Tel.: (781) 401-9988, Ext. 11

Fax: (781) 401-9966

*csd@dc-m.com*

34118